

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
filing (surcharge
(37 CFR 1.16(e))
Required)

Attorney Docket Number 1113-202

First Named Inventor Dver

COMPLETE IF KNOWN

Application Number

Filing Date

November 7, 2001

Group Art Unit

2161

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Lead Suspect Management

(Title of the Invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES NO | |
|--|---------|-------------------------------------|--------------------------|------------------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United states provisional application(s) listed below

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto |
|-----------------------|--------------------------|--|
| | | |

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| 00639,740 | 8/18/2000 | |

• Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

- Customer Number
- OR
- Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label Here

| Name | Registration Number | Name | Registration Number |
|--------------------------|---------------------|------|---------------------|
| Rochelle Lieberman, Esq. | 39,276 | | |

• Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: • Customer Number OR • Correspondence address below

| | | | | | |
|---------|-------------------------------|-----------|--------------|-----|--------------|
| Name | Lieberman & Brandsdorfer, LLC | | | | |
| Address | 12221 McDonald Chapel Drive | | | | |
| Address | | | | | |
| City | Gaithersburg | State | MD | Zip | 20878-2252 |
| Country | United States of America | Telephone | 301-948-7775 | Fax | 301-948-7774 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | | | | |
|--|----------------|--|------|----------|-----|-------------|-----|
| Name of Sole or First Inventor: | | • A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle (if any)) | | Family Name or Surname | | | | | |
| Alias | | Over | | | | | |
| Inventor's Signature | | | Date | 10-30-01 | | | |
| Residence: City | Ashland | State | MA | Country | USA | Citizenship | USA |
| Post Office Address | 23 Nancy Drive | | | | | | |
| Post Office Address | 23 Nancy Drive | | | | | | |

Supplemental Address of Inventor(s) Sheet PTO/SB/DA/1/9/1

| DECLARATION | | | | | | | | | | ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1 | |
|--|--|--------------------|--|-------|--|----|------|---------|----------|---|--|
| Name of Additional Joint Inventor, if any: | | | | | 9 A person has been listed for this unassigned invention | | | | | | |
| Given Name (last and middle (if any)) | | | | | Family Name or Surname | | | | | | |
| H. K. H. A. | | | | | G. E. H. A. R. T. | | | | | | |
| Inventor's Signature | | Robert A. Shepherd | | | | | Date | | 10/31/01 | | |
| Residence - City | | York | | State | | PA | | Country | | USA | |
| Post Office Address | | 1655 Fleming Place | | | | | | | | | |
| Post Office Address | | 1655 Fleming Place | | | | | | | | | |
| City | | York | | State | | PA | | Zip | | 17109 | |
| Country | | USA | | | | | | | | | |
| Name of Additional Joint Inventor, if any: | | | | | 9 A person has been listed for this unassigned invention | | | | | | |
| Given Name (last and middle (if any)) | | | | | Family Name or Surname | | | | | | |
| M. K. H. A. | | | | | K. H. A. | | | | | | |
| Inventor's Signature | | | | | | | Date | | | | |
| Residence - City | | | | State | | | | Country | | | |
| Post Office Address | | | | | | | | | | | |
| Post Office Address | | | | | | | | | | | |
| City | | | | State | | | | Zip | | | |
| Country | | | | | | | | | | | |
| Name of Additional Joint Inventor, if any: | | | | | 9 A person has been listed for this unassigned invention | | | | | | |
| Given Name (last and middle (if any)) | | | | | Family Name or Surname | | | | | | |
| J. K. H. A. | | | | | M. K. H. A. | | | | | | |
| Inventor's Signature | | | | | | | Date | | | | |
| Residence - City | | | | State | | | | Country | | | |
| Post Office Address | | | | | | | | | | | |
| Post Office Address | | | | | | | | | | | |
| City | | | | State | | | | Zip | | | |
| Country | | | | | | | | | | | |

FOI 2001-045860

Supplemental Additional Inventors) Sheet PTO/USPTO (SPT)

| DECLARATION | | ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 1 | |
|---|---------------------------|---|-------------|
| Name of Additional Joint Inventor, if any | | <input type="checkbox"/> A petition has been filed for the undersigned inventor | |
| Given Name (first and middle if any) | | Family Name or Surname | |
| Robert A. | | Cepherd | |
| Inventor's Signature | Date | | |
| Residence City | State | Country | Citizenship |
| Post Office Address | | | |
| Post Office Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any | | <input type="checkbox"/> A petition has been filed for the undersigned inventor | |
| Given Name (first and middle if any) | | Family Name or Surname | |
| Michael | | Kerns | |
| Inventor's Signature | Date | | 11/6/01 |
| Residence City | State | Country | Citizenship |
| Post Office Address | 1349 South Henderson Road | | |
| Post Office Address | Apt. D409 | | |
| City | State | Zip | Country |
| King of Prussia | PA | 19406 | USA |
| Name of Additional Joint Inventor, if any | | <input type="checkbox"/> A petition has been filed for the undersigned inventor | |
| Given Name (first and middle if any) | | Family Name or Surname | |
| Jack B | | Chapman | |
| Inventor's Signature | Date | | 11/6/01 |
| Residence City | State | Country | Citizenship |
| Franklensville | PA | USA | USA |
| Post Office Address | PO Box 217 | | |
| Post Office Address | 16 East Broad Street | | |
| City | State | Zip | Country |
| Franklensville | PA | 18970 | USA |

FOOT E2698660

Supplemental Additional Inventor(s) Sheet # TC/SD/ZA (3/97)

| DECLARATION | | | | ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1 | | | |
|--|--|--------------------|--|--|--|-------------|--|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for the unsigned inventor | | | |
| Given Name (first and middle if any) | | | | Family Name or Surname | | | |
| Maiden A | | | | Estate | | | |
| Inventor's Signature | | <i>W. Jackson</i> | | Date | | 11.06.01 | |
| Residence: City | | Phoenixville | | State | | PA | |
| | | Country | | USA | | Citizenship | |
| Post Office Address | | 20 Sheffield Court | | | | | |
| Post Office Address | | | | | | | |
| City | | Phoenixville | | State | | PA | |
| | | Zip | | 19460 | | Country | |
| | | Country | | USA | | | |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for the unsigned inventor | | | |
| Given Name (first and middle if any) | | | | Family Name or Surname | | | |
| Maiden A | | | | Estate | | | |
| Inventor's Signature | | | | Date | | | |
| Residence: City | | | | State | | | |
| | | Country | | | | Citizenship | |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | | | State | | | |
| | | Zip | | | | Country | |
| | | Country | | | | | |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for the unsigned inventor | | | |
| Given Name (first and middle if any) | | | | Family Name or Surname | | | |
| Maiden A | | | | Estate | | | |
| Inventor's Signature | | | | Date | | | |
| Residence: City | | | | State | | | |
| | | Country | | | | Citizenship | |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | | | State | | | |
| | | Zip | | | | Country | |
| | | Country | | | | | |

202011051316